

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**

**May 23, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90158 035 \*\*\*150.00

05-23-2001 91177 047 \*\*\*150.00

**DOCUMENT # P99000007290**

1. Entity Name

**BDL SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**3604 SANTIAGO ST  
TAMPA FL 33629**

**3604 SANTIAGO ST  
TAMPA FL 33629**

2. Principal Place of Business

3. Mailing Address

**3604 Santiago St.**

Suite, Apt. #, etc.

**Tampa FL**

City & State

City & State

4. FEI Number **59-3554752**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33629**

**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARKIN, BRENDA  
3604 SANTIAGO ST  
TAMPA FL 33629**

Name **Brenda Larkin, Owner**

Street Address (P.O. Box Number is Not Acceptable)

**3604 Santiago St.**

City **Tampa**

**FL**

Zip Code **33629**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Brenda M. Larkin**

**4-30-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD LARKIN, BRENDA M <del>0025 SOUTH MACDILL AVENUE</del> TAMPA FL 33629</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Brenda M. Larkin**

**4-30-01**

**813-240-4728**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)